

MISSOURI DEPARTMENT OF SOCIAL SERVICES
SAMII PAYMENT REQUEST FORM

Mail to:

DFAS Accounts Payable (A/P)
P.O. Box 1643
Jefferson City, MO 65102-1643

DFAS USE ONLY

EFT _____ PAPER _____ VENDOR# _____

***THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

| DIVISION | UNIT/OFFICE | |
|---------------------|--------------|--|
| DFAS | Cole | |
| CONTACT PERSON NAME | PHONE NUMBER | |
| Joy Benne | 751-7027 | |

| VENDOR/PAYEE NAME | AMOUNT OF PAYMENT |
|----------------------------------|-------------------|
| Alliance For Life - Missouri Inc | \$179,194.85 |

| CONTRACT, ER, OR PG NUMBER (if applicable) | CS170042001/ [REDACTED] |
|--|-------------------------|
|--|-------------------------|

| CODING INFORMATION: | |
|--|------|
| ORGANIZATION CODE(S) TO BE CHARGED: | 3155 |
| DESCRIPTION OF CODING OR FUNDING SOURCE (Indicate the exact words from coding sheet): ALTERNATIVES TO ABORTION GR 100% 0101 886 3155 2955 1536 Q221 | |

| SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE |
|---|
| May 2018 Payment |

DFAS USE ONLY - DO NOT WRITE/MARK BELOW

| | |
|-------------------------|--------------------------|
| ENCUMBER: | DATE: |
| PURCHASING: | |
| PO# | COMM LINE: INIT/DATE: |
| ACCOUNTS PAYABLE | |
| DATA ENTRY: | APPROVAL: |

Alternatives to Abortion Invoice

"ORIGINAL"
Only Invoice Available

Contract # CS170042001

Vendor Name: Alliance for Life - Missouri Inc

Vendor Number: [REDACTED]

Vendor Address: P.O. Box 65

Greenwood, MO 64034

Bill To: Missouri Department of Social Services

Division of Finance & Administrative Services

221 W. High St., Room 310

P.O. Box 1082

Jefferson City, MO 65102-1082

Invoice Number: 2018-12

Invoice Date: 1-May-18

Service Period: May 1 - May 31, 2018

| <u>Total Contracted Allocation</u> | <u>Prior Invoiced Total</u> | <u>Monthly Award Amount</u> |
|--|-----------------------------|---------------------------------|
| \$ 2,150,338.14 | \$ 1,782,219.62 | \$ 179,194.85 |

Quarterly expenditure adjustment:

Total Due: \$ 179,194.85

Allocation Remaining \$ 188,923.68

Signature: Marsha Middleton

DEPT. OF
SOCIAL SERVICES
MAY -3 2018
DIV. OF FINANCE

Approved
5-2-18
Joy E. Benne